

Ex. 31

February 2010

Reason for Non-Payment	I-N	I-S	I-E	I-W	II-N	II-S	IV-N	IV-S	V-E	V-W	VI	VII-E	VII-W	Totals
Ownhome	39	51	2	3	18	21	24	20	54	20	24	34	127	437
ICPC (Outgoing)	2	3			1	3		3	1	6	2		1	22
Co Non-Licensed	21	13	1	1	3	21	7	6	37		70	9	58	247
Paid/Approved	32	22	2	3	15	24	11	11	4	3	28	16	14	185
Residential Treatment	8	8	4	10	9	17	10	12	12	7	20	10	7	134
Blank (No Info Available)	5	1			2	11	1	0	2	1		17	19	59
████████ (Private Funds)	3		2		7	14	1	3	2		5	4		41
Interim Placement	2							0						2
Hospital	5		1		6	3	3	1	4		4	2	3	32
Adopted	1					1		0				1		3
Super. Ind. Living	1							0						1
Child Specific	1			1	5			1	2	1	1	19	9	40
Detention Center	1			1										2
Receives SSI												1		1
Did Not Meet Standards												2		2
Placement Ended	1					1		1						3
Pending New Placement						1		1		1		1		4
Contract Facility Non MDHS	1		2		4	8	2	1	4	4	8	4	2	40
Incident Report								1		2				3
Unknown/Runaway				1	4	5	1				6	5	2	24
Totals	123	98	14	20	74	130	60	61	122	45	168	123	244	1282

Notes:

- Hospital may include: acute, nursing home, chemical dependency centers, etc.
- Paid/Approved: paid and approved after report was generated or paid through another program such as ██████████ or ██████████.
- Eligibility Supervisor strongly suggests changing all Child Specific to relative placements in the system.
- ████████ does not receive government funds.
- Blank: no information was available at the time the report was generated.

Ex. 32

To: Terry Phillips/DFCS/MDHS@MDHS, Tracy Malone/DFCS/MDHS@MDHS, Victoria Reed/DFCS/MDHS@MDHS, Tina Stokes/DFCS/MDHS@MDHS, Brenda Coe-Wess/DFCS/MDHS@MDHS, Dionna Evans/DFCS/MDHS@MDHS, Tonya Rogillio/DFCS/MDHS@MDHS, Maggie Mixon/DFCS/MDHS@MDHS, Trudy Miller/DFCS/MDHS@MDHS, Viedale Washington/DFCS/MDHS@MDHS, Judy McClain/DFCS/MDHS@MDHS, Jeff Wedgeworth/DFCS/MDHS@MDHS, Thomas Rainey/DFCS/MDHS@MDHS, Theresa Kemp/DFCS/MDHS@MDHS, Mechille Henry/DFCS/MDHS@MDHS
From: Tammy H Miller/DFCS/MDHS
Date: 09/03/2010 08:40AM
cc: Linda Millsap/DFCS/MDHS@MDHS, Angie Williams/DFCS/MDHS@MDHS, Margaret Shelton/DFCS/MDHS@MDHS, Martha Houston/DFCS/MDHS@MDHS, Carolyn Townes/DFCS/MDHS@MDHS, Mary Ann Everett/DFCS/MDHS@MDHS, Frank Marshall/DFCS/MDHS@MDHS, Lori Woodruff/DFCS/MDHS@MDHS
Subject: Good morning - Conference Call Scheduled for Wednesday @ 8:30 - **REDACTED**

Good morning, Regional Directors,

REDACTED

The purpose of the call will be to:

- (A) Define roles and responsibilities for expedited licensure of relative placements - Please see attached documents which outline COR responsibilities and Resource Unit responsibilities. Please review and be prepared to provide your feedback on the conference call.
- (B) Define how we will identify children who are placed in unlicensed relative homes and how to track the licensure process.

Let me know if you have any questions. If you are not able to be on the call, please assign a representative for your region. The call in number is the same one you have used in the past.

REDACTED

Happy Friday!
Tammy
Tammy H. Miller, LMSW
Field Operations Director
Division of Family and Children's Services
Office Phone: (601) 359-4653
Fax: (601) 359-4363
Email: tammy.miller@mdhs.ms.gov

Child Abuse and Neglect Hotline: 1-800-222-8000

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COR Packet

EXPEDITED RELATIVE PLACEMENT PACKET
(Steps 1-3 completed by COR Worker)
(Steps 4-6 completed by Resource Unit)

Step 1. For any placement made with a family who is not a licensed resource home this packet of paperwork must be completed by the COR placing worker prior to leaving the child in the home with the family.

Step 2. Once completed, this packet must be scanned and emailed (or faxed) to the Resource ASWS and copied to the Resource Placement Specialist for the county in which the child is placed. The email should be copied to the COR ASWS and Regional Director of the County of Responsibility. The original packet should be placed in the child's file.

Step 3. The COR Worker will enter the child's placement into MACWS as a CO Non-licensed relative placement.

These 3 steps should be completed within 24 hours of a child entering DHS custody and placed in an unlicensed home.

Step 4. Upon receipt of this completed packet, the Resource ASWS or Resource Placement Specialist will initiate the home study. The Resource Unit (ASWS or Specialist) will enter a resource inquiry into MACWIS so that it can be assigned to the appropriate worker.

Step 4. The Placement Specialist has 14 days from the date of placement to complete the initial home study which can be approved for placement only. The attached packet will give the worker enough information to enter the basic home study in MACWIS as an Expedited Resource Home Study. All requirements for the initial approval of the home for PLACEMENT ONLY are listed on the checklist. This home assessment will not be as detailed as a full home study, but when a license change is being completed in order for the home to be fully licensed, additional information can then be added. Other information gathered during the home study process can also be added as a narrative.

Step 5. When the Resource ASWS approves the home for PLACEMENT ONLY, the approval will clearly state "This home is approved for PLACEMENT ONLY for (name the child(ren) and the family is NOT eligible for a board payment."

Step 6. Within 60 days of the placement of the child in the unlicensed home, the Resource Placement Specialist shall complete the full licensure of that home. When all documentation for licensure is submitted to the Resource ASWS for licensure, the ASWS will review and issue a Resource Home License as outlined in policy. The Resource ASWS will also notify the COR Worker, COR ASWS, Regional Director, and Eligibility Unit that the child can now be shown in a licensed relative resource home and the family is eligible for a board payment beginning the date of their full licensure.



STATE OF MISSISSIPPI
 Haley Reeves Barbour, Governor
 DEPARTMENT OF HUMAN SERVICES
 Donald R. Taylor
 EXECUTIVE DIRECTOR

Resource Family Application
 (Foster/Adopt)

ALL PERSONS LIVING IN THE HOME INCLUDING BOARDERS

Name	Relationship	Date of Birth	Social Security #
	Self		

Present Address: _____

County: _____

Years at this Address: _____ Present Marriage Date: _____

Email Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Salary and Other Monthly Income: _____

Characteristics of Child You Would Consider Taking

Gender	Number	Race	Minimum Age	Maximum Age
Males				
Females				
Either				

Have you ever applied to be a foster or adoptive parent before? _____ If yes, what is the name of the agency where you applied? _____

Date: _____ Applicant Signature: _____

Date: _____ Applicant Signature: _____

Relative Resource Home Statement of Understanding

I/we am/are the relative(s) of _____, and have agreed to have him/her/them placed in my/our home in order to maintain family connections for the child(ren).

I/we have reviewed the foster home board payment breakdown which shows the amount of each child's clothing allowance, personal allowance and total board payment rate per month. It has been explained to me/us that until my/our home is issued a license as an approved resource home, I/we will not receive board payments. However, the child's County of Responsibility will provide the child with his/her clothing allowance and personal allowance until my/our home is licensed.

Please initial each statement and sign below to indicate the following:

____, ____ I/we have received the list of resource home requirements and stated benefits of licensure and have discussed these with the DFCS Worker. The licensure process has been explained to me/us and I/we intend to attend the training sessions and provide all needed information for this process. If I/we do not follow through with the licensure process and meet all requirements for licensure within 60 days, the child(ren) may be removed from my/our home.

____, ____ I/we understand I/we will NOT receive a monthly board payment until my/our home is issued a license. Our board payment will be effective as of the date our home is licensed. There will be **NO BACKPAY** to the date of placement. If for any reason I/we receive a board payment and it includes payment for a date before my/our home being licensed, I/we will return the overpayment amount by cashier's check or a money order made payable to: Treasurer, State of Mississippi. This check/money order will be mailed to the **Mississippi Department of Human Services, Attention: Administration Unit, P.O. Box 352, Jackson, MS 39205**.

____, ____ In the event I/we fail to return the overpayment within thirty (30) days of receipt, I/we give my/our permission for DFCS to secure funds through a claims process procedure in order to assign a payment plan for full or partial monthly payments until the balance is paid in full.

____, ____ I/we are willing to proceed with the placement of the child(ren) without receiving any monetary support in the way of board payments until my/our home is issued a resource home license.

Signed: _____
Resource Parent

Date: _____

Signed: _____
Resource Parent

Date: _____

MDHS Worker: _____

Date: _____

Mississippi, Volume IV
Revised August 2009

Section D
Page 3379

**RESOURCE SERVICES
FISCAL ASPECTS OF FOSTER CARE**

RESOURCE BOARD PAYMENT BREAKDOWN

<u>Age/Status</u>	<u>Board</u>	<u>Clothing</u>	<u>Allowance</u>	<u>Payment</u>	<u>(Per Diem)**</u>
0-5	\$555.00	\$80.00	\$30.00	\$665.00	\$22.17
6-8	\$555.00	\$80.00	\$30.00	\$665.00	\$22.17
9-12	\$636.00	\$80.00	\$50.00	\$766.00	\$25.53
12-15	\$636.00	\$80.00	\$50.00	\$766.00	\$25.53
16-21	\$697.00	\$80.00	\$60.00	\$837.00	\$27.90
Special Needs I	\$767.00	\$80.00	\$30.00	\$877.00	\$29.23
Special Needs II	\$827.00	\$80.00	\$30.00	\$937.00	\$31.23
Foster Teen Parent	\$1,252.00	\$160.00	\$90.00	\$1,502.00	\$50.07
*Therapeutic Resource Home				\$700.00	\$23.33
*Therapeutic Group Home				\$900.00	\$30.00
*Medical/Treatment				\$700.00	\$23.33
*Emergency Resource Home				\$700.00	\$23.33
*Emergency Group Shelter				\$900.00	\$30.00

* Clothing and Personal Allowance based on age of the child and is included in the total board payment.

**Rates based on a 30 day month and shall be prorated by per diem. (A full month board payment for February will be slightly less and 31-day months will be slightly more.)

If the amount of board payment is based on age alone, this amount is determined by the age of the foster child on the first day of the month for which payment is being made.

Adoption Assistance payments are not affected by the board payment rates listed above.

Relative Resource Home Licensing Requirements

1. The home has to be in a safe neighborhood which is conducive to the general welfare of the child.
2. At least one smoke alarm shall be located on each level of the resource home.
3. Fire extinguisher: no less than a 5 pound ABC type fire extinguisher: a) where the floor area is less than 3,000 square feet at least one extinguisher is required; b) for a house with two stories or more, an extinguisher must be on each level.
4. Protective covers for all electrical outlets which are exposed shall be installed for children under the age of 6 years.
5. Fireplaces, floor furnaces, free standing stoves, and open face heaters must be screened.
6. Water must be from an approved source.
7. Protective measures shall be documented if the home has a swimming pool.
8. The home must have a working telephone (land line or cell phone.)
9. Mobile homes must be properly anchored.
10. Criminal Records Check and Central Child Abuse Registry Checks must be completed on all household members 14 years of age and older.
11. Resource parents shall NOT use corporal punishment.
12. Children under the age of 18 months must sleep in a baby bed.
13. Resource parents must complete 15 hours of pre-service training and must maintain 5 hours of in-service training each year.
14. Resource parents must have a complete physical exam with a local nurse practitioner or physician, as well as a TB test.
15. Resource parents must have 4 references (3 unrelated) who recommend they become licensed.
16. Resource parents must submit proof of current income.
17. Resource parents must submit copies of valid driver's license, automobile insurance, properly maintained vehicle with inspection sticker, registration, seat belts, and age appropriate passenger restraint systems (as applicable).
18. Resource parents must work with the Resource Placement Specialist for licensing, as well as the child's COR/COS Family Protection Worker/Specialist toward achieving the child's permanent plan.

Benefits of Licensure

1. Foster Board Payments to support the needs of the child.
2. Membership in local support groups for licensed resource parents.
3. Participation in training / workshops that build your skills as a resource parent.
4. Invitations to resource family retreats, activities, and conferences to provide your family with ongoing support, fun, and information.
5. Assigned Resource Placement Specialist to provide ongoing support and services as needed for your family.
6. Knowing you have helped a child.

Mississippi Volume IV
Revised 7/2010

Section F
4515-B

Emergency Placement Checklist

1. _____ Local law enforcement background check
2. _____ MACWIS background check
3. _____ Gun safety (weapons stored away safely)
4. _____ All utilities working
5. _____ Telephone
6. _____ Clear access to exits
7. _____ Hazardous substances safeguarded
8. _____ Premises free of rodent and insect infestation
9. _____ Operable refrigerator, stove, oven
10. _____ Functional sewage system
11. _____ Interior plumbing with running cold and warm water

Date of Visit: _____

Completing Worker: _____

Resource Name: _____

Address: _____

Home Phone: _____

Alternate Phone: _____

Comments:



STATE OF MISSISSIPPI
Haley Reeves Barbour, Governor
DEPARTMENT OF HUMAN SERVICES
Donald R. Thompson
EXECUTIVE DIRECTOR

Date _____

PERMISSION FOR BACKGROUND CHECK

I give permission for the Mississippi Department of Human Services to conduct a background screening check with law enforcement, the Child Abuse Central Registry, previous employers, and any other persons to determine my suitability in working with or assuming care of children.

I understand that the permission is a part of my application for becoming a foster parent _____, adoptive parent _____, child care worker _____, respite care provider _____, school employee _____, child care provider _____, or any other involvement with childcare _____. I further understand that this information will only be used in regard to the above application.

Printed Name _____

Date of Birth _____ SS # _____

E-911 Address _____

Mailing Address (if different) _____

Signature _____

Findings to be completed by Law Enforcement personnel:

_____ No Information Found

_____ The following information was found: _____

Signature _____ Date: _____

MISSISSIPPI
Form MDHS-SS-482
Revised 01-16-09

Date _____

TO: Child Abuse Central Registry
Division of Family and Children's Services
Office of Social Services
P.O. Box 352
Jackson, MS 39205 FAX # 601/ 576-2584

FROM: Name _____

Title _____

MDHS/Division _____

Address _____

Please check all that apply to the following applicant:

- Foster/Adoption Resource Parent: _____
- MDHS Employee: _____
- Relative Resource Parent: _____
- Priority Processing (relative resource parent only): _____
- Volunteer/Internship: _____
- Other (please specify) _____

PLEASE PRINT

Name _____

Address _____

Date of Birth _____

Social Security Number _____

Telephone Number where applicant can be reached _____

I understand that this information must be kept confidential. I have on file a signed release form from the above applicant for this information.

To be completed by MDHS Office of Family and Children's Services Staff

Findings:

_____ No information found in the central registry.

_____ The following information was found in the central registry.

Signature _____ Date _____

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EXPEDITED HOME STUDY FOR APPROVAL OF PLACEMENT ONLY
(Due within 14 days of placement)

CHILD(REN)'S NAME(S) _____

COUNTY _____ DATE OF PLACEMENT: _____

RESOURCE FAMILY NAME: _____

COR WORKER NAME: _____

COR SUPERVISOR NAME: _____

RESOURCE WORKER NAME: _____

DATE SUBMITTED TO RESOURCE ASWS: _____

Relative Resource Home Statement of Understanding

Emergency Placement Checklist completed by COR Worker

Current Law Enforcement / Background Clearances

City Police Mr. _____ Ms. _____ Others _____

Sheriff's office Mr. _____ MS. _____ Others _____

Fingerprinting Mr. _____ Ms. _____ Others _____

Central Registry Mr. _____ Ms. _____ Others _____

Resource Family Application

Financial Statement / income verification

Four References (3 unrelated)

MDHS Form 457A (Corporal Punishment Affirmation) signed and dated

Resource Home Assessment in MACWIS (more information can be entered on re-evaluation within the 60 days)

Date Resource ASWS sent email to COR Worker/ASWS: _____

(copy to narrative in resource file)

INCOME		MONTHLY EXPENSE	
Self	\$ _____	House/ Rent Payment	\$ _____
Spouse	\$ _____	Car Payment	\$ _____
Retirement	\$ _____	Child Support	\$ _____
Social Security	\$ _____	Insurance	\$ _____
SSI	\$ _____	Utilities	\$ _____
Child Support	\$ _____	Food	\$ _____
AFDC	\$ _____	Credit Cards	\$ _____
Other	\$ _____	Furniture	\$ _____
		Other	\$ _____
ASSETS		DEBTS	
Property		Loans	\$ _____
Real Estate	\$ _____	Property	\$ _____
Other	\$ _____	Other	\$ _____
Stocks/ Bonds	\$ _____		
Savings Acct.	\$ _____		
Balance			
Checking Acct.	\$ _____		
Balance			

Signature of Resource Applicant: _____

Signature of Resource Applicant: _____

Date: _____

REFERENCES

Only **ONE** reference can be a relative. You must have at least **TWO** references **WHO KNOW YOU AS A COUPLE**. Please fill out all the information completely. Make sure that use complete address and phone numbers. Please do not use an employer as a reference - employment history will be addressed on a separate form.

FOSTER/ADOPT PARENTS NAMES: _____

1. Name: _____

Address: _____

Telephone: _____

Relationship: _____

2. Name: _____

Address: _____

Telephone: _____

Relationship: _____

3. Name: _____

Address: _____

Telephone: _____

Relationship: _____

4. Name: _____

Address: _____

Telephone: _____

Relationship: _____

Mississippi PATH

Revised May 2006
Page 91Mississippi
Form MDHS-SS-457-A
Revised 06-01-2006MISSISSIPPI DEPARTMENT OF HUMAN SERVICES
DIVISION OF FAMILY AND CHILDREN'S SERVICESAFFIRMATION OF UNDERSTANDING REGARDING MDHS POLICY FORBIDDING THE
USE OF CORPORAL PUNISHMENT BY RESOURCE PARENTS
(FOSTER, ADOPTIVE, RELATIVE, NON-RELATIVE)

NOTE: THIS FORM IS TO BE SIGNED BY BOTH RESOURCE PARENTS IN THE PRESENCE OF THE LICENSURE SPECIALIST AFTER THE SPECIALIST HAS THOROUGHLY DISCUSSED WITH THE RESOURCE PARENTS THE AGENCY'S POLICIES REGARDING DISCIPLINE OF FOSTER CHILDREN, THE RESTRICTION OF THE USE OF CORPORAL PUNISHMENT WHILE THE CHILD IS IN THE AGENCY'S CUSTODY, AND THE REASON FOR THIS POLICY. THE AGENCY BELIEVES THAT DUE TO THE ABUSE THAT FAMILY & CHILDREN'S SERVICES CHILDREN HAVE BEEN SUBJECTED TO IN THE PAST, CORPORAL PUNISHMENT WOULD NOT BE IN THE BEST INTEREST OF THESE CHILDREN. OUR AGENCY BELIEVES THAT NO PHYSICAL PAIN SHOULD BE INFILCTED ON THESE ALREADY TRAUMATIZED CHILDREN.

I hereby affirm that I have discussed the Mississippi Department of Human Services, Division of Family & Children's Services, policy regarding discipline of foster children by their placement resource, whether they are foster parents, adoptive parents, relatives, or non-relatives. I understand that MDHS policy strictly forbids the use of corporal punishment of any kind.

I also understand that children in the custody of the MDHS often have special needs or circumstances and that corporal punishment may have a further damaging effect on these children; therefore, I agree not to spank, switch, slap, hit, pinch, or strike a child in any way with my hand, a switch, belt, any object, tool or instrument, or any other unapproved means of punishment. I understand that children need discipline and there are other methods which I may use to teach them right from wrong or to modify undesirable behavior, such as withholding privileges, grounding or time out.

If at any time I have a question about discipline or when I have a problem with a foster child in my care, I understand that I should call my social worker or licensure specialist for counsel and recommendations regarding disciplinary needs or concerns.

I agree that if I enroll an MDHS foster child in school, I will sign the "No Spanking" - No Corporal Punishment form with the school so that the school personnel cannot use corporal punishment on this MDHS child either.

SIGNED: _____ DATE: _____
(Resource Parent)

SIGNED: _____ DATE: _____
(Resource Parent)

SIGNED: _____ DATE: _____
(Licensure Specialist)

Ex. 33

To: Terry Phillips/DFCS/MDHS@MDHS, Tracy Malone/DFCS/MDHS@MDHS, Judy McClain/DFCS/MDHS@MDHS, Dorothy Courtney/DFCS/MDHS@MDHS, Viedale Washington/DFCS/MDHS@MDHS, Annie Gee/DFCS/MDHS@MDHS, Trudy Miller/DFCS/MDHS@MDHS, Maggie Mixon/DFCS/MDHS@MDHS, Victoria Reed/DFCS/MDHS@MDHS, Tina Stokes/DFCS/MDHS@MDHS, Tonya Rogillio/DFCS/MDHS@MDHS, Dionna Evans/DFCS/MDHS@MDHS, Thomas Rainey/DFCS/MDHS@MDHS, Jeff Wedgeworth/DFCS/MDHS@MDHS, Theresa Kemp/DFCS/MDHS@MDHS, Mechille Henry/DFCS/MDHS@MDHS, Brenda Coe-Wess/DFCS/MDHS@MDHS
From: Martha Houston/DFCS/MDHS
Date: 09/21/2010 09:14AM
cc: Tammy H Miller/DFCS/MDHS@MDHS
Subject: The Monitoring of Unlicensed Placements Protocol

Please find attached the protocol for monitoring Unlicensed Placement. This is a requirement of the settlement that we must implement as soon as possible. We have been trying to monitor this for several months but have found that it has worked in some places and not in others. The primary goal of the monitoring protocol is to make sure that children in DFCS custody are being placed in safe homes where there needs can be met.

Please review the protocol and the attached forms and give me your feed back. Monitor of children being placed in unlicensed placements is not an option but a requirement of the settlement. We are open to an suggestions on the best way to achieve our goal. I know it would be great if MACWIS could capture the data for us but it will only capture what we put into it. It is imperative that we stress to the field the importance of following the expedited licensure policy and protocol that you all received a couple of weeks ago.

Tammy and I are available for a conference call to discuss this as a group on Wednesday if you would like. Other wise we will call you individually.

On the attached forms you will see that we are trying to capture a lot of information for our attorney and the court monitor. This information can really be useful to you as the RDs as well in monitoring that the expedited licensure policy is being followed. Please feel free to call or e-mail me if you have any questions or if I can be of any help to you and your staff.

Thanks and have a great day!

Martha Houston
Child Welfare Practice Specialist
Division of Family and Children's Services
1-662-456-3978
1-662-701-8244 (cell)
1-662-448-8121(fax)
martha.houston@mdhs.ms.gov

Child Abuse and Neglect Hotline 1-800-222-8000

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Ex. 34

To: Terry Phillips/DFCS/MDHS@MDHS, Tracy Malone/DFCS/MDHS@MDHS, Victoria Reed/DFCS/MDHS@MDHS, Tina Stokes/DFCS/MDHS@MDHS, Brenda Coe-Wess/DFCS/MDHS@MDHS, Dionna Evans/DFCS/MDHS@MDHS, Tonya Rogillio/DFCS/MDHS@MDHS, Maggie Mixon/DFCS/MDHS@MDHS, Trudy Miller/DFCS/MDHS@MDHS, Viedale Washington/DFCS/MDHS@MDHS, Judy McClain/DFCS/MDHS@MDHS, Jeff Wedgeworth/DFCS/MDHS@MDHS, Thomas Rainey/DFCS/MDHS@MDHS, Theresa Kemp/DFCS/MDHS@MDHS
From: Tammy H Miller/DFCS/MDHS
Date: 10/07/2010 01:20PM
cc: Martha Houston/DFCS/MDHS@MDHS, Carolyn Townes/DFCS/MDHS@MDHS, Lori Woodruff/DFCS/MDHS@MDHS
Subject: Non licensed Homes and missing placements

Hi everyone,
In using MACWIS reports to verify the list that you all submitted to Martha on the children who are placed in unlicensed homes, there appears to be some gaps or differences in your reports and the MACWIS report.

I need each of you to look at the "Custody Contact Report" on the P drive. Check each county in your region and then do 3 things:

1. Compare the Custody Contact Report to the list you submitted to Martha to see if the names of children placed in CO non licensed homes are the same. If you find children on the Custody Contact Report that are not on your list that we are monitoring, please add those children to your monitoring list.
2. Check the Custody Contact Report to see if you have any children who do not show a placement. The placement will show "Type Not Found" on the report.
3. Any child on the Custody Contact Report that is not showing a placement needs the placement information entered. If the only reason they are not showing a placement is because eligibility has not been determined, then complete the eligibility packet so that every child will be in a placement. If there is an eligibility problem, the ASWS must follow up and assist in getting this resolved. We cannot have children showing the placement as "Type Not Found".

If you have a situation that you cannot resolve on the county level, let me know right away.

The deadline to have this completed is Wednesday, October 12. Send me an email to confirm you have met that deadline and that all placements in MACWIS are correct.

Thank you,
Tammy

Tammy H. Miller, LMSW
Field Operations Director
Division of Family and Children's Services
Office Phone: (601) 359-4653
Fax: (601) 359-4363
Email: tammy.miller@mdhs.ms.gov

Child Abuse and Neglect Hotline: 1-800-222-8000

Confidentiality Statement: The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential, proprietary, and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material from all computers.

Ex. 35



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July 16, 2010

VIA ELECTRONIC & UNITED STATES MAIL

Shirim Nothenberg
Children's Rights Incorporated
330 Seventh Avenue, 4th Floor
New York, NY 10001

RE: *Olivia Y., et al. v. Haley Barbour, et al;*
BP 2010 – July 16, 2010 Production

Dear Shirim:

Enclosed please find the following documents DFCS is producing in accordance with the Bridge Plan provisions indicated below:

Provision 7.b.ii

Final Written Plan for conducting trainings on conducting maltreatment investigations, development and implementation of safety plans for each region (DHS 280271-280274);

Provision 7.c.ii.

Practice Guides: Preserving and Maintaining Connections, Involving Children and Families in Case Activities and Decision Making, and Assuring Safety & Managing Risks were produced on June 16, 2010 under DHS 277892-277897.

Provision 7.f.ii.a.

Lists: unlicensed relative placements in which a foster child class member resides as of March 1, 2010 including name and DOB of foster children in those placements; each placement where there's been a maltreatment report and whether or not evidenced. (DHS 280275-280282);

Provision 7.f.ii.b

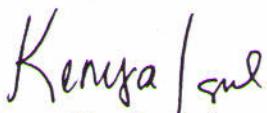
An expedited licensure process for relative placements, including waivers of non-safety-related licensure standards (DHS 280283-280284); and

Provision 8

Bridge Plan Status Report (DHS 280285-280295).

Please call with any questions.

Sincerely,


Kenya Key Rachal

cc: Grace Lopes

Unlicensed Relative Placements
as of March 1, 2010

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment
1N	Alcorn			No
	Alcorn			Yes
	Alcorn			No
	DeSoto			Yes
	DeSoto			Yes
	DeSoto			No
	DeSoto			Yes
	Desoto			No
	Marshall			Yes
	Prentiss			No
	Prentiss			No
	Tishomingo			No
1S	Calhoun			No
	Calhoun			Yes (Evidenced)
	Lafayette			No
	Lafayette			Yes (Evidenced)
	Lafayette			No
	Lafayette			No
	Lee			Yes
	Monroe			No
	Monroe			No
	Pontotoc			No
	Union			No
	W. Chickasaw			No
	W. Chickasaw			No

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment
2E	Panola			Yes
	Humphreys			No
2W	Washington			No
	Washington			No
	Holmes			No
	Madison			No
	Madison			No
	Scott			No
3N	Scott			Yes
	Scott			No
	Yazoo			No
	Yazoo			No
	Yazoo			No
	Hinds			Yes (Evidenced)
	Hinds			No
	Hinds			Yes (Evidenced)
3S	Hinds			No
	Choctaw			No
	Lowndes			N/A - Own Home
	Lowndes			N/A - Own Home
4N	Lowndes			N/A - Own Home
	Lowndes			N/A - Own Home
	Lowndes			N/A - Own Home
	Noxubee			No
	Noxubee			No
	Noxubee			No

REDACTED

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment
4S	Lauderdale			No
	Lauderdale			No
4E	Copiah			No
	Copiah			Yes
	Copiah			Yes (Evidenced)
	Copiah			No
	Covington			Yes
	Covington			No
	Covington			No
	Covington			Yes
	Jeff Davis			No
	Jeff Davis			No
5E	Jeff Davis		REDACTED	Child in Runaway Status
	Jeff Davis			No
	Jeff Davis			Yes (Evidenced)
	Jeff Davis			Yes
	Jeff Davis			Yes
	Jeff Davis			No
	Jeff Davis			Yes
	Jeff Davis			No
	Lawrence			No
	Lawrence			No
	Simpson			N/A - Own Home
	Simpson			Yes
	Simpson			No
	Simpson			Yes
	Simpson			No
	Smith			Yes

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment
5E	Smith			Yes
	Smith			Yes (Evidenced)
	Smith			No
5W	Adams			No
	Amite			No
	Pike			Yes
	Pike			No
	Pike			No
6	Forrest			No
	Forrest			Yes
	Forrest			No
	Marion			No
	Stone			Yes (Evidenced)
	Stone			No
	Stone			No

REDACTED

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment
7E	Jackson			No
	Jackson			Yes
	Jackson			No
	Jackson			No
	Jackson			Yes
	Jackson			N/A - Own Home
	Jackson			Yes (Evidenced)
	Jackson			No
	Jackson			No
	Jackson			Yes
	Jackson			No
	Hancock			No
	Hancock			N/A - Own Home
	Hancock			No
	Hancock			No
	Hancock			Yes
	Hancock			No
	Hancock			No
	Hancock			Yes (Evidenced)
	Hancock			No
	Hancock			No
	Hancock			N/A - Own Home
	Hancock			No
	Hancock			No
	Hancock			Yes
	Hancock			No

REDACTED

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment
	Hancock			No
	Harrison			N/A - Own Home
	Harrison			No
	Harrison			No
	Harrison			N/A - Own Home
	Harrison			Yes
	Harrison			Yes
	Harrison			No
	Harrison			No
	Harrison			N/A - Own Home
	Harrison			No
7W			REDACTED	
	Harrison			N/A - Own Home
	Harrison			No
	Harrison			No
	Harrison			No
	Harrison			N/A - Own Home
	Harrison			N/A - Own Home
	Harrison			No
	Harrison			N/A - Own Home
	Harrison			No
	Harrison			No
	Harrison			No
	Harrison			Yes
	Harrison			N/A - Own Home
	Harrison			Yes
	Harrison			No
	Harrison			N/A - Own Home
	Harrison			N/A - Own Home
	Harrison			N/A - Own Home
	Harrison			N/A - Own Home
	Harrison			No
	Harrison			N/A - Own Home
	Harrison			N/A - Own Home

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment
7W	Harrison	REDACTED		Yes (Evidenced)
	Harrison			Yes (Evidenced)
	Harrison			N/A - Own Home
	Harrison			No
	Harrison			N/A - Own Home

Ex. 36



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July 16, 2010

VIA ELECTRONIC & UNITED STATES MAIL

Shirim Nothenberg
Children's Rights Incorporated
330 Seventh Avenue, 4th Floor
New York, NY 10001

RE: *Olivia Y., et al. v. Haley Barbour, et al;*
BP 2010 – July 16, 2010 Production

Dear Shirim:

Enclosed please find the following documents DFCS is producing in accordance with the Bridge Plan provisions indicated below:

Provision 7.b.ii

Final Written Plan for conducting trainings on conducting maltreatment investigations, development and implementation of safety plans for each region (DHS 280271-280274);

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Practice Guides: Preserving and Maintaining Connections, Involving Children and Families in Case Activities and Decision Making, and Assuring Safety & Managing Risks were produced on June 16, 2010 under DHS 277892-277897.

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Provision 7.f.ii.b

An expedited licensure process for relative placements, including waivers of non-safety-related licensure standards (DHS 280283-280284); and

Provision 8

Bridge Plan Status Report (DHS 280285-280295).

Please call with any questions.

Sincerely,


Kenya Key Rachal

cc: Grace Lopes

Expedited Resource Licensure

July 15, 2010

All foster care settings, including relative placements, shall be screened prior to the initial placement of foster children to ensure that children receive safe, sufficient, and appropriate care. Screens shall include criminal and child welfare background checks of all household members who are at least fourteen (14) years old. No foster child shall be placed in a home prior to receipt of the background check results.

An expedited licensure process shall be utilized for relative placements in order to enable a child to be placed quickly upon entering foster care. Expedited relative and court ordered "non-relative" placements shall be entered as resource inquiries and assigned for home study completion. The home study must be complete within fourteen (14) calendar days of being assigned to a Resource Worker in MACWIS. The full licensure procedure must be completed within sixty (60) calendar days of the child's placement in the home.

Any barriers to licensure and all efforts to get the home licensed must be documented. If the home remains unlicensed after forty-five (45) days of the child's placement in the home and it appears that the home will not become licensed within sixty (60) days of the child's placement, the assigned Resource Specialist will staff the case with his/her Resource Supervisor, the County of Responsibility (COR) Worker, the COR Supervisor and the County of Service (COS) Worker to discuss barriers, solutions, other placement options, and agree on a recommendation to the court regarding placement. The COR worker will notify the court of the Agency's recommendation. This must be done even if it is a court-ordered placement. The COR Worker will notify the Resource Worker or Resource Supervisor of the judge's decision. All of this shall be documented in MACWIS in both the child's file and the resource file.

Waivers

Federal guidelines allow states to waive non-safety related standards for the licensure of relative resource homes. The guidelines clearly state that waivers are only to be used on a case-by-case basis and that "all foster care licensing standards should provide equal protection in terms of safety, sanitation, civil rights, and admission policies for all children in care, regardless of their special situations. Children living in the homes of relatives are entitled to no less protection than children living in non-relative foster homes."

Source: Federal Child Welfare Procedures Manual; ACYF-CB-PIQ-85-11
Legal Reference: Social Security Act – sections 471(a) (10), and 472(c)

When considering a waiver, the Resource Supervisor, Resource Specialist, and COR worker must discuss and document the following in both the child's file and the resource family file:

1. Why is this relative the best placement for this child?
2. What other placement options are available for the child, and why is this one better than the others?
3. Will the child be safe in this home?
4. How will the waiver of this standard impact the child and relative caregiver?
5. What, if anything, can be done to help the relative meet the standard being considered for a waiver?
6. How is the standard requested for waiver not safety related?

All waivers must be submitted in writing to the Resource Supervisor for first approval and then submitted to State Office for final approval.

The following MDHS/DFCS standards have been identified as non-safety related standards that *may* be waived in certain circumstances. These standards are NOT to be waived as a matter of general practice when licensing relative caregivers.

- U.S. Citizenship (but only if the potential resource parent is a qualified alien)
- Must be age 21 or older
- Employment Validation
- Transportation
- At least one bathroom accessible without going through a bedroom
- Must have access to schools and churches
- Adequate play area
- Mississippi Resident for 12 months
- Married or single/unrelated adult in the home
- Proof of income without board payment
- Bed space and square footage
- Bedrooms must have doors which can be opened and closed

Ex. 37



STATE OF MISSISSIPPI
HALEY REEVES BARBOUR, GOVERNOR
DEPARTMENT OF HUMAN SERVICES
Don Thompson
EXECUTIVE DIRECTOR

BULLETIN: 6328 DIVISION OF FAMILY AND CHILDREN'S SERVICES

TO: DFCS Deputy Director
DFCS Unit Directors
DFCS Regional Directors
DFCS Area Social Work Supervisors
DFCS Family Protection Specialists
DFCS Family Protection Workers
DFCS Resource Specialists
DFCS Independent Living Staff
DFCS Training Staff
DFCS MACWIS Staff
DFCS CQI Staff
All Volume IV Holders

FROM: Linda Millsap, Director *LM*
Family and Children's Services

DATE: July 29, 2010

SUBJECT: Expedited Resource Licensure

Please replace the current Volume IV-Section F page 4515 and the Emergency Placement Safety Checklist with the attached revised Section F pages 4515-4515B. Please note the addition of non-safety waivers for the expedited licensure process.

LM:jm

Mississippi Volume IV
Revised 7/2010

Section F
4515

Expedited Resource Licensure

All foster care settings, including relative placements, shall be screened prior to the initial placement of foster children to ensure that children receive safe, sufficient, and appropriate care. Screens shall include criminal and child welfare background checks of all household members who are at least fourteen (14) years old. No foster child shall be placed in a home prior to receipt of the background check results.

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Source: ACYF-CB-PI-10-11 and CWPM 8.3A.8c#1, CWPM 8.3A.8c#14 and CWPM 8.1 #3
Legal Reference: Social Security Act –sections 471(a)(10), 471 (a)(20) and 472 (i)

When considering a waiver, the Resource Supervisor, Resource Specialist, and COR worker must discuss and document the following in both the child's file and the resource family file:

1. Why is this relative the best placement for this child?
2. What other placement options are available for the child, and why is this one better than the others?
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- Transportation
- At least one bathroom accessible without going through a bedroom
- Must have access to schools and churches
- Adequate play area
- Mississippi Resident for 12 months
- Married or single/unrelated adult in the home
- Proof of income without board payment
- Bed space and square footage
- Bedrooms must have doors which can be opened and closed

Emergency Placement Safety Standards

The safety checklist is to be used by the worker when determining the appropriateness of a relative placement for emergency placement. After completing the background check and safety checklist, a face-to-face contact by the children's worker must be made within the next business day to assure the children's continued safety within the placement. The narrative shall be documented in MACWIS within five (5) working days.

Mississippi Volume IV
Revised 7/2010

Section F
4515-B

Emergency Placement Checklist

1. _____ Local law enforcement background check
2. _____ MACWIS background check
3. _____ Gun safety (weapons stored away safely)
4. _____ All utilities working
5. _____ Telephone
6. _____ Clear access to exits
7. _____ Hazardous substances safeguarded
8. _____ Premises free of rodent and insect infestation
9. _____ Operable refrigerator, stove, oven
10. _____ Functional sewage system
11. _____ Interior plumbing with running cold and warm water

Date of Visit: _____

Completing Worker: _____

Resource Name: _____

Address: _____

Home Phone: _____

Alternate Phone: _____

Comments:

Ex. 38

**BAKER
DONELSON**
BEARMAN, CALDWELL
& BERKOWITZ, PC

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August 2, 2010

VIA ELECTRONIC & UNITED STATES MAIL

Shirim Nothenberg
Children's Rights Incorporated
330 Seventh Avenue, 4th Floor
New York, NY 10001

RE: *Olivia Y., et al. v. Haley Barbour, et al;*
BP 2010 – August 2, 2010 Production

Dear Shirim:

Enclosed please find the following documents DFCS is producing in accordance with the Bridge Plan provisions indicated below:

Provision 7.f.iii

Margie Shelton accepted the position of Foster Care/Adoption Unit Director and has already begun working in that position.

DHS 282919

Provision 7.h.

Relative Placement Expedited Licensure Plan
DHS 282907-282918

Recruitment and Retention Plan
DHS 282892-282906

Sincerely,



Kenya Key Rachal

cc: Grace Lopes

Unlicensed Relative Placements
w/ "Previous Maltreatment Reports" and "Licensed By" Dates
as of March 1, 2010

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
1N	Alcorn	REDACTED		No	05/30/11
	Alcorn			Yes	05/30/11 - ICPC
	Alcorn			No	05/30/11
	DeSoto			Yes	11/01/10
	DeSoto			Yes	11/01/10
	DeSoto			No	05/30/11
	DeSoto			Yes	11/01/10
	Desoto			No	05/30/11
	DeSoto			No	05/30/11
	DeSoto			No	05/30/11
	DeSoto			No	05/30/10
	Marshall			Yes	11/01/10
	Prentiss			No	05/30/11
	Prentiss			No	05/30/11
	Tishomingo			No	05/30/11
	Tishomingo			No	05/30/11
	Tishomingo			No	05/30/11
	Tishomingo			No	05/30/11

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
1S	Calhoun	REDACTED		No	05/30/11
	Calhoun			Yes (Evidenced)	09/01/10
	Lafayette			No	05/30/11
	Lafayette			Yes (Evidenced)	09/01/10
	Lafayette			No	05/30/11
	Lafayette			No	05/30/11
	Lee			Yes	11/01/10
	Monroe			No	05/30/11
	Monroe			No	05/30/11
	Pontotoc			No	05/30/11
	Union			No	05/30/11
	W. Chickasaw			No	05/30/11
	W. Chickasaw			No	05/30/11
2E	Panola			Yes	05/30/10 - ICPC
2W	Humphreys			No	05/30/11
	Washington			No	05/30/11
	Washington			No	05/30/11

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
3N	Holmes	REDACTED		No	05/30/11
	Madison			No	05/30/11
	Madison			No	05/30/11
	Scott			No	05/30/11
	Scott			Yes	11/01/10
	Scott			No	05/30/11
	Yazoo			No	05/30/11
	Yazoo			No	05/30/11
	Yazoo			No	05/30/11
	Hinds			Yes (Evidenced)	09/01/10
3S	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			Yes (Evidenced)	09/01/10
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11
	Hinds			No	05/30/11

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
4N	Choctaw	REDACTED		No	05/30/11
	Lowndes			N/A - Own Home	N/A - Own Home
	Lowndes			N/A - Own Home	N/A - Own Home
	Lowndes			N/A - Own Home	N/A - Own Home
	Lowndes			N/A - Own Home	N/A - Own Home
	Lowndes			N/A - Own Home	N/A - Own Home
	Noxubee			No	05/30/11
	Noxubee			No	05/30/11
	Noxubee			No	05/30/11
4S	Lauderdale	REDACTED		No	05/30/11
	Lauderdale			No	05/30/11
	Lauderdale			No	05/30/11
	Lauderdale			No	05/30/11
	Lauderdale			No	05/30/11
	Copiah			No	05/30/11
5E	Copiah	REDACTED		Yes	11/01/10
	Copiah			Yes (Evidenced)	09/01/10
	Copiah			No	05/30/11
	Covington			Yes	11/01/10
	Covington			No	05/30/11
	Covington			No	05/30/11
	Covington			Yes	11/01/10
	Jeff Davis			No	05/30/11
	Jeff Davis			No	05/30/11
	Jeff Davis		Child in Runaway Status	Child on Runaway	
	Jeff Davis		No	05/30/11	

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
5E	Jeff Davis	REDACTED		Yes (Evidenced)	09/01/10
	Jeff Davis			Yes	11/01/10
	Jeff Davis			Yes	11/01/10
	Jeff Davis			No	05/30/11
	Jeff Davis			Yes	11/01/10
	Lawrence			No	05/30/11
	Lawrence			No	05/30/11
	Simpson			N/A - Own Home	N/A - Own Home
	Simpson			Yes	11/01/10
	Simpson			No	05/30/11
	Simpson			No	05/30/11
	Simpson			No	05/30/11
	Simpson			No	05/30/11
	Simpson			No	05/30/11
	Simpson			No	05/30/11
	Simpson			No	05/30/11
	Simpson			No	05/30/11
	Smith			No	05/30/11
	Smith			No	05/30/11
	Smith			No	05/30/11
	Smith			Yes	11/01/10
	Smith			No	05/30/11
	Smith			No	05/30/11
	Smith			No	05/30/11
	Smith			Yes	11/01/10
	Smith			Yes	11/01/10
	Smith			Yes (Evidenced)	09/01/10
	Smith			No	05/30/11

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
5W	Adams	REDACTED		No	05/30/11
	Adams			No	05/30/11
	Adams			No	05/30/11
	Adams			No	05/30/11
	Amite			No	05/30/11
	Pike			Yes	11/01/10
	Pike			No	05/30/11
	Pike			No	05/30/11
6	Forrest	REDACTED		No	05/30/11
	Forrest			No	05/30/11
	Forrest			No	05/30/11
	Forrest			No	05/30/11
	Forrest			No	05/30/11
	Forrest			No	05/30/11
	Forrest			No	05/30/11
	Forrest			No	05/30/11
	Forrest			No	05/30/11
	Forrest			Yes	11/01/10
	Forrest			No	05/30/11
	Marion			No	05/30/11
Stone	Stone	REDACTED		No	05/30/11
	Stone			No	05/30/11
	Stone			No	05/30/11

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
6	Stone	REDACTED		No	05/30/11
	Stone			No	05/30/11
	Stone				
	Stone			No	05/30/11
	Stone			No	05/30/11
	Stone			Yes (Evidenced)	09/01/10
	Stone			No	05/30/11
	Stone				
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River				
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River				
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
6	Pearl River	REDACTED		No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11
	Pearl River			No	05/30/11

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
7E	Jackson	REDACTED		No	05/30/11
	Jackson			No	05/30/11
	Jackson				
	Jackson			No	05/30/11
	Jackson			No	05/30/11
	Jackson			Yes	11/01/10
	Jackson			No	05/30/11
	Jackson			No	05/30/11
	Jackson			Yes	11/01/10
	Jackson				
	Jackson			N/A - Own Home	N/A - Own Home
	Jackson			Yes (Evidenced)	09/01/10
	Jackson			No	05/30/11
	Jackson			No	05/30/11
	Jackson			No	05/30/11
	Jackson			Yes	11/01/10
	Jackson			No	05/30/11
	Jackson			No	05/30/11
	Jackson			No	05/30/11
	Jackson			No	05/30/11
	Jackson			No	05/30/11
	Jackson			Yes	11/01/10
	Jackson			No	05/30/11

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
7W	Hancock	REDACTED		No	05/30/11
	Hancock			N/A - Own Home	N/A - Own Home
	Hancock			No	05/30/11
	Hancock			No	05/30/11
	Hancock			Yes	11/01/10
	Hancock			No	05/30/11
	Hancock			No	05/30/11
	Hancock			Yes (Evidenced)	09/01/10
	Hancock			No	05/30/11
	Hancock			N/A - Own Home	NA - Own Home
	Hancock			No	05/30/11
	Hancock			No	05/30/11
	Hancock			Yes	11/01/10
	Hancock			No	05/30/11
	Hancock			No	05/30/11
	Hancock			No	05/30/11
	Harrison			No	05/30/11
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			No	05/30/11
	Harrison			No	05/30/11
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			Yes	11/01/10
	Harrison			Yes	11/01/10
	Harrison			No	05/30/11

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
7W	Harrison	REDACTED		No	05/30/11
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison				
	Harrison			No	05/30/11
	Harrison				
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			No	05/30/11
	Harrison			No	05/30/11
	Harrison			No	05/30/11
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			No	05/30/11
	Harrison				
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			No	05/30/11
	Harrison				
	Harrison			No	05/30/11
	Harrison			No	05/30/11
	Harrison			Yes	11/01/10
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			Yes	11/01/10
	Harrison			No	05/30/11
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison				
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			No	05/30/11

Region	County	Placement	Child Name (DOB)	Previous Report(s) of Maltreatment	Licensed By
7W	Harrison	REDACTED		N/A - Own Home	N/A - Own Home
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			Yes (Evidenced)	09/01/10
	Harrison			Yes (Evidenced)	09/01/10
	Harrison			N/A - Own Home	N/A - Own Home
	Harrison			No	05/30/11
	Harrison			N/A - Own Home	N/A - Own Home